

**PATIENT PRESENTING CLINICAL SIGNS**

Zoe Gong persistent hematuria despite treatment with ABs and NSAIDS meds: metacam, amoxi/clav  
Abnormal PE/Chem/CBC/UA Results: please see attached labs Unable to obtain urine for UA

**SPECIES ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN**

Feline **Urinary System**

**BREED** The urinary bladder is mildly to moderately distended with primarily anechoic contents. The cranioventral urinary bladder wall is thick with a focal thickening measuring 0.50 cm into the lumen x 1.7 cm across the ventral wall. Mucosa is irregular, mildly hyperechoic, and contains several small pedunculated extensions into the lumen, possibly polyps. There is small, round, hyperechoic foci consistent with mineral or tiny cystoliths embedded in the focal swelling.

DSH

**SEX** The right kidney is normal in size (4.11cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Spayed Female

**AGE** The left kidney is normal in size (3.91 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

7 Years

**Adrenal Glands**

**WEIGHT** The right adrenal gland is normal in size (0.32 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

12 Pounds

The left adrenal gland is normal in size (0.28 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

**INTERPRETED BY**

Beth Johnson, DVM  
DACVIM

**Spleen**

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

**IMAGING PERFORMED BY**

Kelly Reschny

**Liver**

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

**HOSPITAL NAME**

Sixteen Mile VC

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

**REFERRING VET**

Dr. Gibbs

**Gastrointestinal**

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The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The lumen of the stomach is mildly distended with echogenic non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

**DATE**

6/15/22



**PATIENT**

Zoe Gong

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

**SPECIES**

Feline

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

**Pancreas**

**BREED**

DSH

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

**SEX**

Spayed Female

**Free Abdomen**

There is no evidence of peritoneal effusion. There is no apparent lymphadenopathy.

**ULTRASONOGRAPHIC FINDINGS**

**AGE**

7 Years

- Urinary bladder wall changes – most consistent with inflammatory cystitis or polypoid cystitis, possibly secondary to chronic small calculi. However, infiltrative neoplasia cannot be ruled out.

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

**WEIGHT**

12 Pounds

Recommendations include:

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DACVIM

- Assessing this patient's coagulation status, since the primary clinical sign is hematuria and the platelets were reportedly mildly low, however clumped, so clotting is likely not the primary concern, followed by urinalysis and urine culture when able to obtain urine.
- Diet change to a crystal/stone dissolving/prevention diet could be considered as well as increasing water intake, if possible, allowing full bladder distention, and then rechecking. If clinical signs and/or bladder wall changes don't improve, urinary bladder catheterization for cytology and/or fine needle aspirate of the thick wall, knowing that tumor seeding is possible, if this is a tumor, may be warranted.

**IMAGING PERFORMED BY**

Kelly Reschny

**HOSPITAL NAME**

Sixteen Mile VC

**REFERRING VET**

Dr. Gibbs

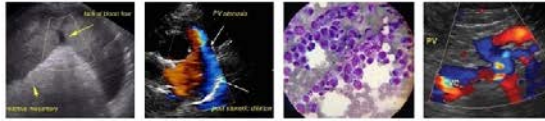
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**PATIENT**

Zoe Gong

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Spayed Female

**AGE**

7 Years

**WEIGHT**

12 Pounds

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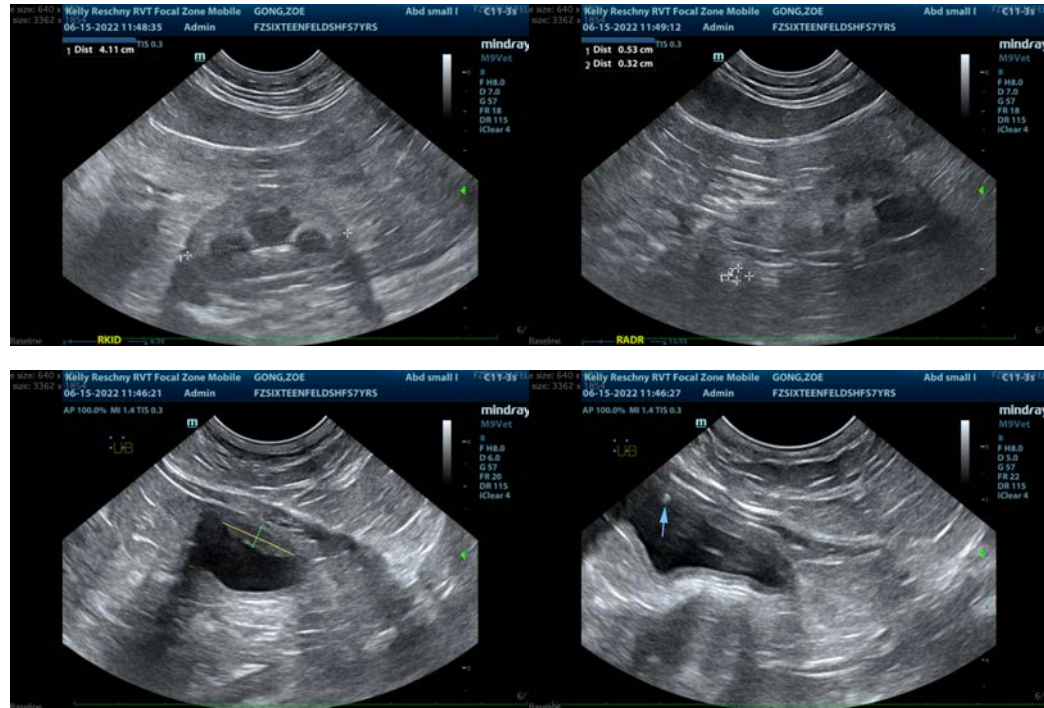
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

**Beth Johnson, DVM, DACVIM**  
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